

| POSITION                  | INITIALS | ID NO. | DATE                  |
|---------------------------|----------|--------|-----------------------|
| FEE DETERMINATION         |          |        |                       |
| O.I.P.E. CLASSIFIER       |          |        |                       |
| FORMALITY REVIEW          | JF       | 1027   | 10 3-8-01<br>CS/21/01 |
| RESPONSE FORMALITY REVIEW |          |        |                       |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date  |
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| Final    |       |
| Original | 2 4 3 |
| 1        | ✓ ✓ ✓ |
| 2        | ✓     |
| 3        | ✓     |
| 4        | ✓     |
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| 12       | ✓ ✓ ✓ |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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